

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2546

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH: Jasper
(a) County
(b) City or town Joplin (Missouri)
(c) Name of hospital or institution St. John's Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 11 years
(Specify whether years, months or days)
In this community 32 years

3. (a) PRINT FULL NAME Caroline Leveque

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife George Leveque 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 29, 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Marine City, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Guyer
13. Birthplace 5 France
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace 5 France
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Mary Alphonsus
(b) Address St. John's Hosp. Joplin, Mo

17. (a) Burial (b) Date thereof 1-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Calvary Cem.

18. (a) Signature of funeral director Lanpher Mortuary
(b) Address Joplin, Missouri

19. (a) 1-12-42 (b) W. D. Jamison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. St. John's Hospital
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th
year 1942 hour 7:40 minute p M.

21. I hereby certify that I attended the deceased from Jan 1, 1942, to Jan 11, 1942
that I last saw her alive on Jan 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. D. Jamison (M. D. or other)
Address Joplin, Mo Date signed 1-12-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address.....

Japhin mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.